

# Exhibit K

SMITH, MARY K

MRN: 06774038

DOB: 11/13/1958

DOS: 4/17/2015

Patient: SMITH, MARY K

Patient ID: 06774038

Date: 4/17/2015



**The Toledo Clinic**

Jenkins-The Cognitive Center,

Name: SMITH, MARY K  
Address: 3382 Woodmont Dr  
Lambertville, MI  
48144-9623

Date: 4/17/2015

Birth date: 11/13/1958

MRN: 06774038

Dear MARY SMITH

It has become apparent to me that our physician/patient relationship is ineffective and I can no longer continue to provide services to you as your provider. Therefore, this letter will serve as notice of my intent to discontinue our physician/patient relationship.

I would encourage you to find another physician to treat you as quickly as possible. For that reason, I have included an authorization to transfer records. Please complete the authorization and return it to my office so that your records can be transferred to your physician of choice.

I will be available to you for emergency care only for thirty (30) days following the date of this letter.

Sincerely,  
JENKINS-THE COGNITIVE CENTER,

Approved: 7146-Sherry-Ann Jenkins, PhD

4/13/2015 2:09:00 PM

Reviewed & Signed by: 7100-Oliver Jenkins, MD

4/14/2015 8:41:30 AM

Reviewed & Signed by: 7146-Sherry-Ann Jenkins, PhD

4/14/2015 9:41:25 AM